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CONTENTS.

CLINICS.

HOSPITAL NOTES AND GLEANINGS.

Epithelial Cancer of the Pharynx; Threatened Death by Starvation; Gastrotomy; Death.—The patient, aged 44, came under Mr. Sydney Jones's observation about twelve months ago, when he was called in by the late Dr. Griffith, to open her trachea. She was a married woman, had borne two children, the last about thirteen years ago; since that time, however, had had several miscarriages. During the last fourteen years she had been delicate; had been twice under treatment for ulcerated os uteri; had suffered from occasional attacks of constipation, and frequently from colds and coughs. In July, 1858, she first began to complain of soreness in the throat, with slight cough and hoarseness. In spite of all treatment this soreness increased, rendering the deglutition of solids, and even of fluids, extremely painful. The breathing also became more and more difficult, necessitating the operation of tracheotomy on the evening of February 10, 1859. A double tube was then introduced into the trachea, and from this time until her death—more than five months afterwards—her breathing was quite free, and effected entirely through the tube.

The pain and difficulty of swallowing, however, continued to increase after the operation of tracheotomy. Mucus, mixed occasionally with blood and pus, was constantly collecting about the fauces. In May, it was found impossible to pass a No. 12 elastic catheter down the œsophagus. About the beginning of June it was evident that no food passed into the stomach. Spoonfuls of fluid taken by the mouth were retained for about a couple of minutes in the pharynx, and then regurgitated. During the last five or six weeks before gastrotomy was had recourse to, all nourishment taken into the

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system was by means of enemata of milk, beef tea, arrowroot, and brandy. All attempts (general or specific) to arrest the disease had failed. The patient was evidently sinking from starvation; her pulse was small, weak, and rapid; she complained severely of hunger and thirst, and asked if nothing could be done to relieve these symptoms. On July 13, Mr. Sydney Jones proposed to her the operation of gastrotomy, at the same time pointing out the severity of the operation, and the serious results that might ensue. She at once consented. Dr. Bristowe had kindly examined the thorax and abdomen, and was unable to detect any visceral disease. On Thursday, July 14, the stomach was opened, Mr. Simon and Dr. Bristowe being present, and kindly aiding with their valuable suggestions. An incision, about three inches and a half in length, was carried downwards, from between the eighth and ninth costal cartilages on the left side, along the outer border of the rectus. The latter being turned somewhat inwards, the conjoined tendon of the internal oblique and transversalis was divided. The peritoneal cavity was afterwards opened. Some little difficulty was at first experienced in securing the cardiac end of the stomach, in consequence, as was found after death, of the viscus being drawn downwards, and more to the left side than usual, by some omental adhesions. The stomach having been drawn forwards, was opened by a vertical incision, about three-quarters of an inch in length; the edges of the stomach wound were then firmly secured to the edges of the skin wound by five or six strong double silk ligatures. About four ounces of blood were lost during the operation. A tube, with a funnel fitted at the upper end, was placed in the stomach, and kept there till the patient's death. The tube was also curved, so as to allow the greater part of its length to rest against the posterior wall of the viscus. No irritation seemed to be produced by the permanent keeping-in of this tube. The operation was commenced about a quarter to three P. M.; at half past three P. M., a short time after its completion, an ounce of milk was introduced into the stomach, mixed with half an ounce of brandy. This was repeated at five P. M., with thirty drops of laudanum. She was tolerably cheerful, and expressed herself relieved from her feelings of hunger and thirst. A fomentation of chamomile was applied to the abdomen, and ordered to be continued. At ten P. M., the laudanum was repeated. At eleven P. M. an injection was given, by the rectum, of brandy, arrowroot, and beef tea. The patient passed a tolerably comfortable night, although she did not sleep soundly. Up to twelve o'clock milk was introduced every hour, in small quantity, either alone or combined with stimulant. After that hour, however, the patient inclining to doze, and a feeling of sickness, with a tendency to retch, being produced by the introduction of food, the latter was given only every two hours. Friday, July 15, nine A. M.—The pulse was very feeble; the surface was warm, but clammy. She complained of some pain in the neighbourhood of the wound, but there was no tenderness of the abdomen generally. Food was ordered to be introduced every hour. Its introduction produced a little retching, but no food escaped by the wound. An injection given at eleven A. M. In the evening of Friday she was evidently sinking rapidly. The hands, feet, and legs were cold, and the pulse hardly perceptible. She remained sensible till a quarter past twelve on Saturday, the 16th. Death about three A. M., thirty-six hours after the operation. The aperture in the stomach was about midway between the cardiac and pyloric ends, and the same distance between the upper and lower margins. The stomach, in the immediate neighbourhood of the wound, was adherent by recent lymph to the abdominal parietes. Elsewhere, however, no peritonitis existed. The larynx showed cancerous ulceration. extending from the epiglottis to the cricoid cartilage. The thoracic and abdominal viscera were healthy.—*Med. Times and Gaz.*, Feb. 4, 1860.

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Castration for the Prevention of Insanity.—T. P., aged 50, residing in Walworth, was admitted as a patient at the Surrey Dispensary on November 10, 1859, under the care of Dr. Aldis, who visited him at home on the same day, and made the following remarks:—

The patient is lying in bed, and complains of great depression of spirits, being afraid of losing his senses. He suffers from great pain after every motion, when he feels as if "he could pull out his intestines." He is evidently of a very nervous temperament, has a fair complexion, and is subject to

fainting. The voice is weak and has always been so, but is not changed in character.

His brother-in-law, with whom he resides, had previously said, when he brought the letter to the Dispensary, that some questions might be asked regarding an operation which had been performed by Mr. D——, of ——,[1] in 1853, and to which his relative was ashamed to allude.

This suggestion having been acted upon, the patient admitted that his testicles had been removed by Mr. D——, in July of the above year. That the operation was performed in consequence of the dread he felt of becoming insane, as his brother and uncle lost their senses, and the latter committed suicide. That the wife, whom Dr. Aldi formerly attended for phthisis, had been a consenting party to this mode of treatment His wife had borne him six children, two of whom were living; one, a young man, aged 21, the other, a young woman, aged 23. He has derived no benefit from the operation.

These circumstances rendered an examination necessary; when it became clear that the testes were gone, and a cicatrix was observed extending upwards at an acute angle from the raphe on the scrotum.

He denied at first having experienced any sexual symptoms during his illness before the operation, but afterwards confessed that he committed self-indulgence whenever his wife was confined. He gave Mr. D. a testimonial, who wished for one, as to the safety of the operation, and said that the latter had performed it twice before! and a fourth person afterwards consulted the patient with a view of undergoing similar treatment.

The surgeon had removed to Glasgow, which place, it was believed, he had left for America. The author wrote to the village where the surgeon formerly resided, and could not hear of such a person living there now; but his name is in the Medical Directory of 1859, with an asterisk. The patient's brother-in-law and sister bear testimony to most of the particulars already mentioned; and further say, that he was a national schoolmaster, and left his last appointment without taking the salary, and came up to London unexpectedly, being unable to give a proper account of himself, when first found at the house of a relative. They are also positive as to the name of the surgeon and the nature of the operation which he has undergone. Mr. Sydney Jones accompanied the author on January 27 to see and examine the patient.

It was thought that the publication of this case might be interesting in consequence of castration having been recently tried for epilepsy in this country, where the author had never heard of its being performed before then, excepting in cases of such severe disease of the organs as to render it justifiable; and he ventures to hope that it may never be practised in future when the testicles are healthy, for the prevention of insanity or any other disease.—*Med. Times and Gaz.*, Feb. 4, 1860.

[1] The names of the surgeon, and the village where he resided, and the patient who was operated upon, are inclosed for the sake of authenticity.

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Hydatids of the Liver, making their way out along the Hepatic Duct into the Alimentary Canal—A rather unusual case of hydatid disease of the liver, which ended fatally, was very recently under Dr. Barlow's care at Guy's Hospital. The patient was a man who was admitted with symptoms of hepatic disease and local peritonitis; he had had jaundice a month before his admission, which passed off. He survived but a short time; and, on making a post-mortem examination, a large hydatid cyst was discovered at the upper part of the liver, which had burst into the hepatic duct, its contents passing thence to the common bile duct and into the duodenum. Had circumstances been otherwise favourable, a recovery might have ensued, as this was an effort of nature to get rid of a visceral parasitic invasion. Dr. Wilks stated that he had met with one similar case, where the hydatid membranes passed into the alimentary canal, some of them coming away by stool, whilst others were ejected from the stomach during the act of vomiting. This termination of hepatic hydatids is by no means a common one. Sometimes they burst into the peritoneum, or into the chest. But in the human subject, although they are occasionally diagnosed during life, we have seldom any evidence to depend upon beyond symptoms of chronic hepatitis. The enlargement, however, has been known to simulate ascites, and tapping has been performed to afford relief. In Dr. Barlow's patient the true nature of the disease was not diagnosed, because he had not been sufficiently long under observation.—*Lancet*, Feb. 25, 1860.

LECTURE.

Clinical Lecture on a Case of Acute Sthenic Pneumonia left without Treatment, with Observations on the Temperature of the Body, and on the Urinary Excretion. Delivered at University College Hospital. By E. A. PARKES, M. D., Professor of Clinical Medicine.

GENTLEMEN: The case of acute pneumonia which I bring to your notice has favourably run its course without further treatment than the application of a few leeches. You must not, however, conclude from this that all cases of pneumonia should be left untreated. On the contrary, I am firmly persuaded that we have it in our power materially to modify the course and shorten the duration of pneumonia by the judicious employment of bloodletting, leeching, tartar emetic, certain salines, and opium. But as it is extremely important that you should know what is the natural and unmodified course of a disease, and as this appeared to be a favourable opportunity, I thought I could conscientiously leave the patient to the unassisted processes of nature.

Before commencing the case, let me remind you that in persons under thirty-five, and who do not suffer from any organic affection of the heart, liver, or kidneys, the acute sthenic pneumonia has, in the great majority of instances, a definite course. After some days of very slight initiatory malaise, severe febrile symptoms commence suddenly, and attain in a few hours a great intensity. And almost as sudden an improvement occurs about the fifth day in slight cases, about the ninth or tenth day in severe. The fever then either greatly lessens or ends, and all we have remaining is the local mischief which has taken place in the lungs, and which time more or less rapidly removes. This course, however, is, as already suggested, materially altered by the presence of other affections, especially of the kidneys and heart, and by the effects of the secondary contamination of the blood which results in the latter stages from the absorption of the lung exudation, and which can give rise to inflammation of the other lung, to pleurisy, pericarditis, and coagulation of blood in the heart or vessels. But making every allowance for these modifying agencies, we cannot refuse to allow that the symptoms in a majority of cases are evolved in a regular and consecutive manner.

In considering our case, we will divide the symptoms under three heads.

1. The course of the pyrexia, as measured especially by the thermometer and the pulse.

2. The course of the local lung symptoms.

3. The condition of other organs.

The patient, G. D., aged 22, is a well-built man, weighing when in health about ten stone, and measuring five feet four and a half inches in height. In habits, temperate; in occupation (cab-driver), much exposed to cold and wet. He has twice had rheumatic fever (eleven and two years ago), and his heart, in one or other attacks, has been slightly damaged, for he has slight aortic obstruction and mitral regurgitant disease, without at present any marked alteration in the size of the heart's cavities. Owing, perhaps, to his exposed occupation, perhaps to some slight reflux of blood from the slightly incompetent mitral valve producing lung congestion, and perhaps ectasis of the pulmonary vessels, he has been subject for six years to slight winter bronchitis, but at present he has no, or only slight, emphysema.

From his previous history, therefore, you will see that he has a strong rheumatic tendency, that his lungs have been somewhat damaged, and that these two unfavourable conditions are always liable to be called into action on account of his exposed mode of life.

For some days previous to Wednesday, January 4, he had had slight malaise, a little cough, and pain in the left side. At 4 P. M. on the day mentioned he shivered, had headache, and increase of cough. Next day he was so ill as to be confined to bed, and his expectoration was viscid and bloody. He was admitted in the evening of January 6. He does not attribute his illness to any special exposure. Counting the commencement of the disease from the shivering, and omitting the previous malaise, he was, when admitted, in the third day of the disease, the third day being completed at 4 P. M. on January 7. He was intensely febrile, with flushed cheeks; constant cough; viscid, bloody, pneumonic expectoration; hurried breathing, with crepitation and bronchial respiration over the posterior base of the left lung. The conjunctivæ were a little yellow.

1. *The Course of the Pyrexia.*—Owing

to the care of Mr. Ringer and Mr. Miller, thermometrical observations in the axilla were taken hourly during the day, from nine in the morning till eleven and twelve at night. The annexed table gives the general results. I have placed the pulse and respirations with the temperature, for the purpose of comparison.

During the third and fourth days of the disease the temperature was uniformly high, the difference between the maximum and minimum being only 1.6° on the third, and 0 6° on the fourth day. The fourth day was the most febrile, both as to mean temperature and as to constancy of height. The fifth day was scarcely less febrile. The mean temperature was 0.2 below the fourth day, but the minimum was above the minimum of the fourth day. Towards the end of the fifth day, however, and during the commencement of the sixth day (from 4 to 12 P. M., January 9), the thermometer decidedly slightly fell; then during the night of January 9 (early part of the sixth day of the disease) it made a great descent to 101°, and after this time never rose above 101.4°. During the whole of the after part of the sixth day, and the first part of the seventh, the temperature continued to fall, and at 11 A. M. on January 11 (the nineteenth hour of the seventh day of the disease) it reached 98°. In thirty-six hours it had fallen from 103 2 to 98, or no less than five degrees. Afterwards it oscillated for two days between 98° and 98.8°, but never rose above this latter point. The fever in fact had ended. This sudden end of pyrexia, this rapid "defervescence"—to use Wunderlich's useful phrase—is what the old physicians termed "the end by crisis," and it is sometimes accompanied by strong action of some eliminating organ—either the skin, the kidneys, or the bowels. In our case there was both profuse sweating and considerable urinary excretion, but whether more at the period of rapid fall than before is uncertain. The pulse ranged from 120 to 100 during the first three days, and then fell to 90, 80, and 70. On comparing carefully the hourly variations of the pulse and temperature, it is quite clear that there is a connection between them, so that either simultaneously, or often a little before or after, a fall or rise in the thermometer occurred with a fall or rise in the number of the pulse. Not infrequently the alteration in the pulse occurred before the change in the thermometer. Still, there are several exceptions, and sometimes the pulse rose (though never greatly) when the temperature was falling. From an analysis of cases of typhoid fever, I have been led to believe that no relation exists between the numbers of the pulse and the heat of the body, but certainly in this instance the facts seem to indicate otherwise. When the thermometer oscillated and finally fell, the pulse fell at the same time and very uniformly. The respirations averaged 38 in the first four days, and 35 afterwards. They did not fall nearly so much as the temperature and the pulse, and in this case at least were not

Table of the Temperature, Pulse, and Respirations.

From Hourly Observations during the Day. Mean number of Daily Observations, 14.

Date.	Day of Disease. The disease commenced at 4 P. M.	Temperature in Axilla. Hourly observations during the day.					Pulse. Hourly observations during the day.					Respirations hourly observed. Mean number.
		Mean.	Max.	Min.	Hours of max.	Hours of min.	Mean.	Max.	Min.	Hours of max.	Hours of min.	
Jan. 7	Part of 3d and part of 4th days	103.6° F.	104.2° F.	102.6° F.	7 P. M.	9 A. M.	108	120	100	1 A. M.	2, 5, 10, and 11 P. M.	36
" 8	Part of 4th and 5th d'ys	103.9	104.2	103.6	5, 7, and 8 P. M.	11 A. M.	107	116	98	7 P. M.	11 A M.	36
" 9	Part of 5th and 6th d'ys	103.4	104.2	103.0	1 P. M.	8 and 10 P. M.	106	112	100	4 and 6 P. M.	10 and 12 P.M.	43
" 10	Part of 6th and 7th d'ys	100.6	101.4	99.4	9 A. M., 1 P. M.	11 P. M.	93	112	82	5 P. M.	10 P.M.	38
" 11	Part of 7th and 8th d'ys	98.6	99.0	98.0	3, 5, and 6 P. M.	11 A. M.	86	84	72	2 P. M.	4 P. M.	30
" 12	Part of 8th and 9th d'ys	98.5	98.8	98.4	1 P. M.	10 A.M., 2 and 4 P. M.	76	84	70	1 P. M.	9 A. M	31

nearly so good an indication of the course of the pyrexia. As the mean of the thermometer was not above 104, as the mean of the pulse was not 120, and the mean of the respiration was not 40, this case must be considered a slight one, for the rule laid down by Wunderlich is very useful—viz., to judge of the intensity of the disease by these symptoms, to call all cases slight that fall below them, and all severe in which the thermometer averages more than 104° during the height of the disease, the pulse more than 120, and the respiration more than 40.

2. *The Local Symptoms.*—When the patient was admitted there was considerable crepitation, and some bronchial respiration in the lower lobe of the left lung. The hepatization increased, and was considerable on the fifth and sixth days. Possibly it even increased after this time, but of this I am not certain. At any rate, its greatest amount was either at the period of the "defervescence"—that is, of the rapid fall in temperature—or was subsequent to this. The number of respirations, as already said, was even greater after the temperature and pulse had commenced to fall than before, so that they appeared to run parallel rather with the amount of the hepatization than with the general fever. The sputa were most bloody during the third and fourth days of the disease; were less florid, and more rusty, on the fifth and sixth; then became less viscid and free from blood or hæmatine. The pain in the side disappeared on the fourth or fifth day. After the seventh or eighth day the bronchial respiration began to lessen, and had ceased by about the twelfth to the sixteenth day. On this point I am not quite sure. Harsh respiration, some redux crepitation, and a little sonorous *râle*, were left for some days more.

3. *The Condition of other Organs.*—The heart has already been noticed. There was supplementary breathing in the right lung, and about the angle of the right scapula was some slight suspicious bronchial respiration, as if there were some consolidation there. This, however, disappeared early. The liver was not enlarged or tender, but the conjunctivæ were very slightly yellow. This yellowness disappeared at convalescence. The condition of the spleen and pancreas

TABLE.[1]

Date.	Day of disease.	Condition of patient.	Amount of urine in cubic cents. in 24 hours.	Urine in grammes in 24 hours.	Chloride of sodium in 24 hours, in grammes.	1 kilogramme of body weight excreted in 24 hours, of urea in grammes.
Jan. 10	Part of 6th and 7th d'ys	1st day of defervescence, temp. 100.6° F.	980	85.56 (= 1321 grs.)	....	1.345
" 11	Part of 7th and 8th	Temp. 98 6° F.; complete defervescence	..	....	....	....
" 12	Part of 8th and 9th	Complete defervescence; absorption of exudation	865	87.38[2] (= 1349 grs.)	....	1.373
" 13	Part of 9th and 10th	Do. do.	865	87.38 (= 1349 grs.)	....	1.373
" 14	Part of 10th and 11th	Do. do.	..	....	Some am't unknown; 0.040 grm. in 10 c. c.	....
" 17	Part of 13th and 14th	Complete convalescence; exudation gone.	1300	35.10 (= 542 grs.)	5.20 (= 80 grs.)	0.551
" 24	Part of 20th and 21st	Do. do.	1287	30.20 (= 466 grs.)	17.18 (= 265 grs.)	0.474
" 25	Part of 21st and 22d	Do. do.	1760	44.00 (= 679 grs.)	21.95 (= 339 grs.)	0.691
" 27	Part of 23d and 24th	Do. do.	1910	40.10 (= 619 grs.)	14.32 (= 221 grs.)	0.630
Mean excretion of urea by 1 kilogramme of body weight on the 7th, 9th, and 10th days, during resolution						1.363
Do. do. during the 14th, 21st, 22d, and 24th days; complete convalescence						0.586
Mean physiological excretion in men aged 22						0.500

[1] The urea and chloride of sodium were determined according to the method of Liebig, by my excellent clinical clerk, Mr. Smith. The chloride of sodium was not got rid of before testing for urea, but the usual correction was made. The amounts are given both in grammes and grains.

[2] The urine of two days added together, and the total halved.

was unknown. There was thirst, loss of appetite, and dry furred tongue. The action of the eliminating organs was as follows: *a*. The skin acted profusely throughout, both before and at the period of defervescence. *b*. The bowels were rather confined; the motions said to be natural. *c*. The amount of excretion from the lungs was undetermined. *d*. The excretion from the kidneys was not determined till January 9—viz, part of the fifth and sixth days of the disease; the last day of the intense pyrexia. On this day there was a little albumen (one-sixth of the height of the urine in a test-tube). There were no chlorides. On the following day the albumen had disappeared.

The other urinary ingredients were not determined, but there were copious deposits of lithates on January 9, 10, 11, 12, 13; and probably after this date, but no note was made.

On January 11 eight grammes of chloride of sodium were given by the mouth. On the 12th and 13th, as on previous days, there was no chlorine in the urine; on the 14th (eleventh day of disease) the chlorine began to reappear, was in some quantity on the 17th (fourteenth day of disease), and was abundant (seventeen and twenty-two grammes, on the twenty-first and twenty-second days of disease.

We have no means of saying what was the amount of ureal excretion in the early days of the pyrexia. The urine was then albuminous, and the kidney-tubes may have been blocked, so that the enormous amount of urea poured out during defervescence may have been partly caused by previous retention, as well as by the remains of the pyrexia and the metamorphosis of the absorbed exudation.

From the observations of several competent persons it seems clear that usually the urea is greater in amount before than after resolution. If so, the urea at that time probably depends more upon heightened metamorphosis in the body generally than upon the chemical changes in the lungs.

The chloride of sodium was completely absent for a long time. This fact, noticed especially by Redenbacher and Beale, seems in pneumonia to be intimately, though not solely, connected with the exudation which is rich in chlorides. Even when the chloride of sodium was given as an experiment it did not pass off rapidly, as in health, but was retained for more than forty-eight hours. The albumen was absent at and after defervescence. The albuminuria, therefore, accompanied the height of the disease, and not the period of resolution.

The urates were throughout abundant. We did not determine the exact amount of uric acid, but we may conclude, from the almost constant condition of this ingredient in other cases, that it was in large excess.

Now, in considering these facts, the only point which time will allow me to discuss here is this: What causes this spontaneous cure—this determinate duration?

First of all, let us follow this question by another: What is the exact connection between the lung symptoms and the general pyrexia? The course of the two is certainly not exactly parallel. The complete consolidation seems to be posterior, in point of time, to the height of the pyrexia. It has even been supposed by Wunderlich that the exudation into the lungs coincides with the end of the pyrexia—that is to say, that the defervescence commences when the lungs become completely hepatized. I have not been able to satisfy myself rigorously on this point. If it could be satisfactorily made out, it would certainly imply that the exudation into the air-cells relieved or cured the fever; in other words, that the lung-disease is not a primary, but a secondary, condition, and that it succeeds to and brings to an end, by purifying the blood, a condition of general pyrexia, arising from blood-disease. Without believing that this relation is quite determined (if it were determined the case would be settled), there is no doubt that the fever ends spontaneously, or very greatly lessens, at the time when the inflammation of the lung is still very great.

There are at present two views, more or less clearly defined, which aim at explaining these phenomena, and which may be thus expressed:—

1. According to the first of these, there is a blood-disease of some sort, of a nature not thoroughly known, but which consists in part in an augmentation of the fibrin, as in acute rheumatism. Increasing up to a certain point, and giving rise to the slight malaise which precedes all cases of pneumonia, it is at last brought to a head by some exposure, by a dietetic error, or by reaching a point at which the functions of the blood are seriously interfered with. Then ensues high general fever from implication of the nervous

system, and at the same time some organ or other is, on account of special affinity for the morbid blood, or from previous damage to its structure, specially irritated. In pneumonia the lung is the seat of election, and there is rapid hyperæmia and transudation of fluid into the air-cells. By this transudation the morbid blood is purified. The process is analogous to that of gout, in which a diseased blood gives rise to a local disease by the deposition of urate of soda in and about joints. When the localization and consequent purification is finished, then the fever ends. There remains the lung-exudation, which gradually softens down, is partly expectorated, partly absorbed, and, in the process of absorption, may produce again secondary contamination of the blood, and certain affections of other organs, which constitute those secondary affections which sometimes complicate the after course of pneumonia.

The weak points in this hypothesis are the want of definite indication of the blood-disease, and of its mode of production. There is some evidence on these points, but it is certainly not very great.

Its strong points are the explanation it gives of the previous malaise, of the sudden outburst of fever when the diseased blood implicates at last the nervous system, of the singular and rapid termination of the pyrexia at a time when the lung-disease is intense, and of the enormous elimination of urea during the very first days before the lung-exudation has softened down.

2. The second hypothesis is the exact contrary of the former. The lung-affection is supposed to be the primary lesion; it is a local inflammation produced by the (still obscure) causes of local inflammation, running the ordinary course of such inflammations, and giving rise to violent symptomatic pyrexia. The undoubted increase of fibrin in the blood is supposed to be not primary, but secondary, to be caused by and to augment with the inflammation, and to be at its height with it. Virchow has stated that this fibrin is nothing more than the albuminous substance absorbed by the lymphatics of the inflamed and hepatized lung, and poured into the blood. The fever is believed to be entirely symptomatic of the local disease, and to be commensurate with its intensity and extent. The arguments for this view seem to be that the lung-symptoms are remarkably early in manifestation, though they may be very intense. Pain in the side, and cough, are very soon present, and sometimes occur even before the shivering and headache. The pyrexia, although great in the early days, is perhaps not greater than might have been produced by the condition of the lung; and as to the termination of the fever, this may be supposed to occur because the really true febrile stage of pneumonia is not the period of complete exudation, but the preceding period of intense hyperæmia. To say that the pyrexia is gone when the lung-disease is most intense may be an incorrect expression of the fact; the consolidation may possibly, indeed, be most intense, but this may be merely the natural termination of that enormous hyperæmia and blockage of vessels from local changes of nutrition, which is in reality the essential disease.

The difference between these two hypotheses would be this: the fever ends spontaneously, first, because the blood is purified, or secondly, because the local disease ends spontaneously—*i. e.* the active febrile making local disease. This last assumption, however, is decidedly a very bold and hazardous one.

Between these two views it is not very easy, nor perhaps is it desirable yet, to choose, for the blood has not yet been sufficiently examined. The only blood-disease which has yet been indicated by the supporters of the first view, as anterior to pneumonia, is hyperinosis (excess of fibrin); and as hyperinosis occurs in acute rheumatism without pneumonia, it is evident that there must be other cause, either in the blood or in the local structure of the lung, which locates the disease in that part.

That hyperinosis is really anterior in pneumonia as in rheumatism must, in spite of the opinion of Virchow,[1] be considered likely from the experiments, among others, of Professor Naumann, of Bonn,[2] that it is not the only condition in either of these cases will be generally admitted. But what other blood-affection is there? None has yet been indicated, to my knowledge, in the

[1] I do not intend to deny that the lymphatics and bloodvessels, too, take up from an inflamed lung, as from any inflamed part, albuminoid substances which flow into the blood, but merely that this is not sufficient to explain all the facts at present known about hyperinosis.

[2] Ergebnisse und Studien aus der Med. Klinik zu Bonn, von Dr. M. E. Naumann. Leipzig, 1858, p. 59 et seq. I refer only to Naumann's experiments, and not to his singular views on the production of hyperinosis.

acute sthenic pneumonia of young persons without gouty or renal disease. But there is one point on which I have been trying to collect evidence for some years, but at present without sufficient success. It is well known how frequently the liver is affected in pneumonia, so that some amount of jaundice is not at all uncommon, and sometimes bile-pigment appears in the pneumonic sputa. I have also found in some cases evidence of liver-affection for some time before the lung-disease, especially the so-called torpor with deficient biliary flow.

Is there, then, any condition of the liver which adds something to the blood which ought not to be there? Taurin has been found in the healthy tissue of the lung, but in the hepatized lung it seems, from Verdeil's observations on his pneumic acid (taurin), to be in excess. Is it some compound of this sort which, in combination with the hyperinosis, determines the localization of the blood disease, or produces by its irritation the inflammation of the lung? I know no facts whatever which can lead to a decision; but it is to be hoped that some competent person will soon undertake a more complete analysis of blood in the very first days of pneumonia than has yet been made.

But whatever be the facts as to the order of things in pneumonia—whether the lung-affection is a mere localization of the blood-disease, or whether the undoubted blood-disease of the developed stage is merely produced by absorption from the inflamed lung—it is certain that the usual course of pneumonia is such as we witnessed in this untreated case—viz: 1. There is an early period of intense fever, ceasing, if no complication be present, of itself, at a tolerably determinate time; 2. There is a later period of lung-hepatization, which softens down during a period of moderate fever, and is expectorated or absorbed. There are therefore two periods in pneumonia, and both have their dangers. The intense early fever may kill by its intensity; the exudation may kill, subsequently, by apnœa, or may contaminate the blood during softening to such an extent as to lead to renewal or increase of the fever and inflammation of other parts; or to coagulation of the blood in the heart or great vessels. Each period has its own dangers, and must have its own treatment. To this point I hope to direct your attention on another occasion.—*Med. Times and Gaz.*, Feb. 25, 1860.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Davenport and Rock Island Pathological Society.—The Davenport and Rock Island Pathological Society met in the council chamber, Davenport, on Tuesday, the 28th of Feb'y. Present: Doctors Gregg, Fountain, Witherwax, Maxwell, Tomson, Baker, Parry, Adler, Saunders, and Plummer.

Minutes of last meeting having been read and approved, Dr. PLUMMER presented the name of Mr. CHAS. E. CLACIUS for honorary membership, it being desirable to hold him in this relation in the Society on account of his qualifications as an analytical chemist. Mr. C. was unanimously elected.

Dr. FOUNTAIN presented to the Society a fine specimen of fatty degeneration of the placenta with the following brief history of the case:—

"Mrs. M. was attended by Dr. Adler and myself in premature confinement on the 1st of July, 1858. The placenta was adherent, and was removed with great difficulty. So firmly did it adhere, that it had to be torn away bit by bit in small fragments.

"December 5th, 1859, I was again called upon to attend her at full term. The fœtus was dead, atrophied, and putrid. The placenta which I here exhibit, I found to be a mass of fatty deposit, and is a remarkable and rare case of *fatty placenta*. Evidently the fatty deposit was so great as to eventually arrest the placental circulation, and result in death to the fœtus."

Jones and Sieveking's remarks on fatty placenta were read by Dr. Fountain, and the question asked, If the placental inflammation which in the former case produced such remarkably firm adhesions, had not probably left the walls of the uterus in a morbid condition, which subsequently gave rise to the peculiarities in this specimen?

Doctor GREGG reported a case of *vesico-vaginal* fistula recently operated upon by himself and Dr. Adler. By diagrams he had prepared for the purpose, he explained to the Society the condition of the parts when first seen by him, and the different stages of treatment.

As a full history of the case will be published, I will only anticipate it by saying that the fistula (or, more correctly, fissure) commenced at the attachment of the vagina to the cervix uteri, and extended down to

within an inch of the meatus urinarius, making an opening through the walls of the vagina and bladder of about four inches in length. The divided edges of both vagina and bladder had sloughed, the former to such an extent as to leave but little more than half its original surface to perfect an operation upon. As the Doctor remarked, "it was a *forlorn hope*," but after some deliberation they determined to try. The result is perfect union, except one small opening, so high that the patient is able to retain the urine for two hours without inconvenience, and this they will remedy by another operation. All the circumstances taken in connection with this case, and it is one of the most important and successful operations on record.

Dr. TOMSON presented a specimen of extensive ulceration of the entire intestinal canal, the history of which was such as to elicit general discussion.

The writer presented a specimen of ossification of the semilunar valves of the aorta, in which the process of ossific deposit had completely changed the form of the valves, and left only a central opening of about one-third of an inch in diameter, and this opening could only close partially during the expansion of the ventricles. The patient, a woman aged 28 years, was married, had lived with her husband about eight years, had not borne children, and seemed to enjoy good health, excepting occasionally a slight lancinating "pain in the heart." She had spent the afternoon with a relative, eat her supper with a relish, walked to her home, a distance of about one and a half miles, and while in the act of taking off her bonnet and shawl, fell upon the floor and never breathed again.

The question of interest in connection with this case is, How could she enjoy health and strength up to the moment of her death when such a disease existed?

Numerous other specimens were presented, some of them rare, and all fine; but I have already covered more paper with this report than I had intended, and will close by saying we find this society of great value to us. It stimulates its members to research, we have the advantage of interchange of views, important specimens in morbid anatomy are brought to the notice of all the members, and preserved so as to be accessible at all times to them. We receive into membership only such physicians as are in good standing in the county medical societies, but receive into honorary membership gentlemen entitled to such a position by their attainments in literature and the sciences.

SAM'L C. PLUMMER, M. D,
Secretary.

ROCK ISLAND, March 1, 1860.

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Presentation of the Portrait of Prof. G. B. Wood to the Wistar and Horner Museum.—On the 15th of March last, just before the annual commencement of the Medical Department of the University of Pennsylvania, the graduates, professors, trustees, &c., assembled at the University building, when the very interesting ceremony took place, of presenting by the class, to the Board of Trustees, a portrait of Geo. B. Wood, M. D., Prof. of Medicine and Clinical Medicine, to be placed in the Wistar and Horner Museum.

The presentation was made by Dr. J. Campbell Shorb, on behalf of the class, in a very neat address in which he expressed the regret of the class at the proposed retirement of Dr. Wood from the chair he had so long and so well filled. The portrait was received by Dr. La Roche on behalf of the trustees, who replied to Dr. S. in some appropriate remarks, and the ceremony was concluded with a few feeling expressions by Dr. Wood of his gratitude for the compliment paid him, and for the kind remarks relative to himself made by the previous speakers.

Dr. Wood well deserved this tribute of respect, having laboured hard, whilst the occupant of his chair, for the instruction of the class, and fulfilled all his duties with consummate ability, faithfulness and assiduity. He leaves to his successor an example which he may endeavour to imitate, but which he cannot hope to excel.

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Medical Classes, Session 1859-60.—

University of Pennsylvania	515
Jefferson Medical College	630
College of Physicians and Surgeons, N. Y.	195
Massachusetts Medical College	196
Medical College of South Carolina	248
University of the city of New York	411
New York Medical College	75
Buffalo Medical College	70
University of Nashville	401
Ohio Medical College	123

Atlanta Medical College	166
University of Louisville, Ky.	130
Oglethorpe Medical College	60

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Medical Graduates in 1860.—

University of Pennsylvania	173
Jefferson Medical College, Philad.	170
Pennsylvania Medical College, do.	38
College of Physicians and Surg., N. Y.	55
Medical Department of Yale College	13
Atlanta Medical College	50
University of the city of New York	138
University of Nashville	101
New York Medical College	20
Rush Medical College	36
Med. Dep. University of Louisville	38
Kentucky School of Medicine	37

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Army Medical Department.—A medical board, consisting of Surgeons C. A Finley, Chas. McDougall, and John M. Cuyler, and Ass. Surgeon J. F. Hammond, Recorder, will assemble in the city of New York on the first day of May next, for the examination of assistant-surgeons for promotion, and of such candidates for appointment to the medical staff of the army as may be invited to present themselves to the board.

Applications must be addressed to the Secretary of War.

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Clifton Hall.—We take great pleasure in calling attention to this private Hospital for the Insane, established by Dr. R. A. GIVEN, a gentleman well known to the profession in Philadelphia, as fully competent to the charge of such an institution, he having had considerable experience in the treatment of mental diseases.

This institution is designed to accommodate fifty patients, twenty-five of each sex. Provision has also been made for cases of mania potu. For this form of the disease special arrangements exist, and, after recovery, those who may wish to remain for a time in the hope of overcoming their unfortunate propensity are at liberty to do so, provided they VOLUNTARILY submit to the established rules of the institution.

The grounds, twenty-five acres in extent, five of which are woodland, and abundantly supplied with excellent water, are situated in Clifton, Delaware County, Pennsylvania, about seven miles west of Philadelphia. Eminently healthy and rich in beautiful building sites, as Delaware County is known to be, the location of Clifton Hall stands unsurpassed, while the facility of access, both by turnpike and railroad, places it within an hour's drive of Philadelphia, thus giving to its inmates all the benefits of a strictly rural residence, while it places within their reach the advantages to be derived from occasional visits to a populous city.

Dr. Charles Evans, for many years the physician to the Frankford Asylum, has consented to act as consulting physician, and, when so desired by their friends, the patients may still retain the professional services of their ordinary medical adviser. As a guarantee for the careful and judicious administration of the hospital, a highly respectable and competent board of supervision has been appointed.

All necessary arrangements for the admission of patients can be made with the superintendent at the institution. Information respecting terms of admission, &c., can be obtained either of the superintendent, whose address is *Clifton Hall, near Philadelphia*, or, of Mr. Samuel C. Sheppard, druggist, No. 209 South Ninth Street, Philadelphia.

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Registration of Births Marriages, and Deaths.—The bill for the registration of births, marriages, and deaths in the city of Philadelphia, we are pleased to announce, has now become a law, having passed both branches of the legislature, and been signed by the governor. It is to go into effect on the 1st of July next. This bill was prepared by a joint committee of the College of Physicians of Philadelphia, and Philadelphia County Medical Society, received the approval of both societies, and recommended by them to the favourable consideration of the Legislature. The provisions of this act are fewer and less complicated than in that formerly passed and afterwards repealed, but is sufficient for all sanitary and for most important purposes.

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The San Francisco Medical Press.—A quarterly journal, under this title, edited by E. S. C OPER, M D., Prof. of Anatomy in the medical department of the University of the Pacific, was issued in January last. The objects of the journal, as set forth in the salutatory, are laudable, and the first number is a highly creditable one, and gives promise of further usefulness.

Louisville Medical Journal.—This is the title of a new monthly medical journal edited by Thos. W. Colescott, M. D., the first number of which appeared in February last. Dr. Colescott brings to his task the advantage of some experience.

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Consolidation.—The *New York Monthly Review* and *Buffalo Medical Journal* has been consolidated with the *American Medical Monthly.*

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Worcester's Dictionary of the English Language.—This dictionary has been for some weeks on our table, and we have taken frequent opportunities to consult it, and have always found the information sought. It is, we believe, the fullest, most satisfactory, and clearest in its definitions of any of our English dictionaries; and, besides, is wider in its scope, embracing technical terms relating to theology, law, medicine, military and naval affairs, architecture, astronomy, botany, entomology, geology, ichthyology, mathematics, &c. &c. &c.

It contains about 104,000 words, all which are carefully defined, the authorities for most of them given, with citations to exemplify and illustrate their use and meaning.

FOREIGN INTELLIGENCE.

Death from Chloroform at Lisbon.—M Barbosa relates, in the *Lisbon Gazette*, a case in which chloroform was administered for the purpose of removing two small cysts from the upper eyelid. The inhalation was proceeded with slowly, and at the period of death about two drachms of the chloroform had been used, small portions being poured upon a napkin and brought to within about an inch of the patient's mouth. The horizontal position was observed. The lungs were found congested and ecchymosed, the large veins were filled with blood, and the right ventricle of the heart contained coagula, the other cavities being empty.—*Med. Times and Gaz.*, Feb. 25, 1860.

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A Characteristic Sign of Typhoid Fever.—M. Sapolini describes a characteristic sign of typhoid fever, even when arriving at convalescence. It consists in a peculiar pulsation of the carotids. A large arterial wave occurs first in the artery, rapidly followed by a second less voluminous, then by a third, which is succeeded by a moment of pause. This inequality, and the sensation of interrupted *frémissement* under the fingers, are very constant and easy to verify, according to M. Sapolini.—*Lancet*, March 3, 1860.

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Acupressure.—In an editorial in the *Medical Times and Gazette* (Feb. 25, 1860) it is stated that this method of arresting hemorrhage is fast coming into use among surgeons. "In Mr. Adams's case, which we noticed last week, the superiority of the needle over the ligature has been made most apparent. The needle was removed forty-eight hours after the operation, and there was not a sign of bleeding or suppuration; while the ligature has remained, as usual, acting as a seton during the sloughing process it sets up. It should be observed that no part of the needle was left exposed on the raw surface of the wound; it was introduced half an inch above the cut point. This is a great advantage in amputation; for the cut surfaces can be brought into apposition, free at every point from the contact of any foreign body. Our provincial hospital surgeons are taking up the method in a most creditable manner. At Dundee, Carlisle, Greenock, and Liverpool it has been applied with great success; and now that Mr. Adams has led the way in the metropolis, at a small hospital, his example will be followed sooner or later in the larger establishments where the surgery partakes more of the character of stereotype. Mr. Bickersteth, of Liverpool, writes most warmly as to the facility of acupressure and its probable great results."

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Turpentine in Hæmoptysis, by Mr. Pollard.—In the *Lancet* of the 14th inst., I find the oil of turpentine recommended as a styptic in hemorrhage from the lungs, and I have within the last fortnight had a case in which, after trying various well-known remedies without success, I was recommended by my friend, Dr. Radclyffe Hall, to give the oil of turpentine, which I did, and with the best results.

When I first saw my patient, he had just expectorated about twenty ounces of florid blood, his pulse was firm and good, bowels constipated, and his extremities were cold. I ordered him compound colocynth pill, six grains; calomel, four grains, in two pills,

immediately; and a mixture, with sulphate of magnesia, four drachms; dilute sulphuric acid, two drachms; compound infusion of roses, one ounce every four hours. The next morning his bowels had been well relieved; but he had vomited twice about the same quantity of blood each time as on the previous day. I then ordered him acetate of lead, two grains and a half; dilute acetic acid, half a drachm; tincture of opium, five minims; distilled water, one ounce, to be taken every three hours; a blister to the chest, and gave him ice to suck, with a low diet. On my next visit, I found he had expectorated three times in the twenty-four hours, and had had a restless night, with considerable difficulty of breathing. I increased the lead to three grains the dose, which likewise had no effect. I then gave the patient ten grains of gallic acid every three hours, which also failed, with beef-tea and bread and milk, as his pulse was getting low. On the fifth day after the attack commenced, I ordered him twenty-five minims of the spirit of turpentine, in an ounce of water, every two hours, which diminished the quantity of blood considerably; but, after taking six doses, it produced vomiting. The sulphuric acid mixture was substituted for it; but the next day I again gave the turpentine, as the bleeding came on in the night as freely as ever. From that time the symptoms took a favourable turn, and the man is now restored to health.

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Successful Treatment of Vesico-vaginal Fistula.—Nine cases of vesico-vaginal fistula have been operated on in the Glasgow Infirmary during the last year, by Bozeman's method; and three others in private practice there. Of the twelve cases recorded, ten were completely cured by one operation, and two were unsuccessful. One of these two cases failed after repeated attempts; the other was complicated by profuse hemorrhage from the bladder.—*Lancet*, March 3, 1860.

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Perchloride of Iron as a Deodorizer.—The Metropolitan Board of Works have advertised for tenders for the supply of perchloride of iron for deodorizing purposes during the summer season, at the rate of 5000 gallons per diem, or, if necessary, double that quantity. It will be remembered that this deodorizer was recommended to the Board by their chemical referees, Drs. Hoffmann and Frankland, in the report on a long list of deodorizing agents submitted to examination. It will also be recollected that they reported in favour of the perchloride of iron recommended to their notice by Mr. Ellerman.—*Lancet*, March 3, 1860.

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Adulteration of Santonine.—A young girl died lately in Brazil after taking six grains of santonine, in two equal doses, at two hours' interval. The Pharmaceutical Society had the santonine examined by two of its members, and it was found to contain twenty per cent. of *strychnine.*—*Ibid.*

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Echinococci.—These have been found, M. Legrand says, "in the following organs: in the brain; in the lungs; in the liver; in the spleen; between the layers of the omentum; in the eye, between the crystalline lens and the choroid; in the urine and in the kidneys; in the subclavicular cellular tissue; between the two layers of the aponeurisms of the external oblique; and in the muscular tissue of the trapezius, and between the temporal muscle and the occipito-frontalis fascia."—*Med. Times and Gaz.*, Feb. 25.

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Deodorized Cod-liver Oil.—Under this name a preparation is in course of extensive trial in the French hospitals, which consists in cod-liver oil which has been deprived of its repulsive smell by means of a process devised by two pharmaciens, MM. Autier and Chevrier, and the success of which is due to an organic principle derived from tar. Chemical examination and clinical trials have pronounced this oil as equally efficacious as any other, while the most fastidious can take it even in large quantities. —*Med. Times and Gaz.*, Feb. 11, 1860.

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Medicine, its Deriders and Sects.—The substance of the following interesting notice on the vicissitudes and progress of medicine is derived from the *Revue des Deux Mondes.*

Antiquity has had its critics—either bitter and brutal, or satirical and polished. Heraclites hated physicians; he was wont to say that they would be the most silly of men if grammarians were not there to dispute the position with them. But this morose philosopher had his own system of medicine, and a peculiar practice founded upon his theories of Nature. He made

such good use of it, indeed, that he at last died through it. Empedocles—jealous of the physician Acron, illustrious by his writings and experience—gave himself out as a messenger from heaven, charged with the mission of exterminating diseases and other destructive scourges; he journeyed from town to town, carried in a splendid chariot, clothed in magnificent garments, and received adorations and sacrifices like a god. We know how he died, victim of his vanity, or scientific curiosity. Plato, again, did not spare the doctors; he mocked with pleasure at their incapacity; but he, nevertheless, had a system of his own, which he had picked up from every quarter, as was his habit. From this we may conclude, that from the earliest days there has been a rivalry between doctors and philosophers, and that the last were jealous of the first.

The Greeks confined themselves to epigrams; but it was otherwise with the Romans. Physicians came at a late date into Rome, and had a difficulty in keeping their ground there. The elder Cato hated them, and prevented his son consulting them. And yet the rude censor practised medicine in his own fashion; he possessed infallible secrets and efficacious panaceas. His method was simple enough, and, absolute master of his house, he treated man and beast alike. Pliny gives us these details, and Pliny, we know, was not favorable to doctors. In Martial's epigrams, to say nothing of other Latin poets, the doctors are ill-treated enough, and, we must admit, not without justice. The profession was in the hands of slaves, and degraded by venal souls, easy instruments and too often accomplices of corruption, debauchery, immorality and crime. Decay had then invaded everything.

Next came the barbarians and universal confusion, and we lose sight of medicine during the first centuries of the middle ages. To the Arabs we are indebted for a sort of *Renaissance;* but it was in the first universities that the practice of medicine took the direction and the proper character which it bears still to this day. Now appeared the true physician, and by his side an adversary far more formidable than his opponent of antiquity.

Before the middle age, the art of medicine was decaying fast; and as it passed through this long period it still continued in decay. The traditions of the Greeks were gradually lost; the exercise of the art fell into the hands of monks and clergy, for the most part very ignorant, and hence, superstitious practices and absurd proceedings—the supernatural and marvellous being put in the place of experience and good sense. It was a time of miracles and prodigies—the sorcerers rivalling the saints; and while the plague and the lepra committed ravages among the people, the resources of medicine were useless to arrest the scourges. The Jews at this time were hated and persecuted, but yet they were run after for their medical knowledge, and for the drugs obtained by them from the east through traffic with the Arabs.

The *Renaissance* awakened a spirit of inquiry. The records of antiquity, once again opened, were discoveries as of a new world. And then began the general strife against orthodoxy. Heretics and Protestants were to be found elsewhere besides in the church. Aristotle and Galen were treated like the Pope, and so commenced the long quarrel between ancients and moderns.

This struggle, also, medicine has passed through; but it gained an infinite number of enemies, and chiefly the charlatans. At an early hour these industrious gentry seized upon medicine, which offered so vast a field for the exercise of their ingenuity. From Montaigne down to Rousseau—not to mount higher or go down later—we find a concert of invectives against medicine, the noise of them being still audible, though weak. Infinite variations were played continually on the same strain. It has taken three centuries to reduce the pretensions of physicians to their true proportions. Chemistry, which appeared at the first dawn of the *Renaissance*, explained all the phenomena of the animal economy by the principles of a gross chemistry—seeing there nothing but fermentation, distillation, and effervescence of humours at work in the living laboratory. Then later, after the discoveries of Galileo and Newton, mechanics, with its levers and instruments, explained the forces; and, after Harvey, hydraulics. Thus arose the sub-sects—iatro chemists, iatro-mechanicians, and iatro-mathematicians. These were materialists, and soon found their opponents, the spiritualists. Truth was with neither sect, but the spiritualists have rendered most service to medicine. Stahl produced Barthez and Bordeu,

and Bordeu produced Bichat. Still, even at this present day—but how enfeebled!—the two parties are face to face. Gradually they are disappearing, leaving in history the remembrance of their long and ardent struggles, prolonged for three centuries and a half—from the end of the middle ages to the commencement of the French revolution.

Two sects, either through indifference or through calculation, kept clear of the struggle—the empirics and the sceptics. At the head of the empirics was Sydenham. Their business was to watch attentively the origin and progress of phenomena, noting with scrupulous care the effects of remedies and the fruit of observation, leaving aside all useless speculations.

Scepticism glided into medicine, thanks to the demi savans. The title of sceptic belongs to those narrowed and pretentious souls, who, contented with a superficial view, seize only the surface of things, losing sight of the links which unite them, and boldly denying the existence of whatever escapes them, affirming in this absolute negative their incapacity and deficiency. Lower still in the scale of systems we find the eclectics—physicians who, following certain metaphysicians, think to find a perfect system in taking what is good out of every system. Their appearance on the stage announces the end of systems. In the scientific as in the social order, end means transition, a new phasis, commencement of a new order. Medicine, which has undergone so many vicissitudes, is thus at present traversing a period of transition; it is in the way of organization, in a provisionary state.—*Med. Times and Gaz.*, Feb. 18, 1860.

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Dr. Churchill, the Consumption Curer.—This gentleman writes a reclamatory letter to the editor of the *Gazette Hebdomadaire*, demanding justice to be done to himself and his hypophosphites. The following is the editor's reply:—

"M. Churchill having ingeniously discovered, as he has been kind enough to tell us before several persons, that our appreciation of the facts he laid before us was wanting in good faith, and had no other object than that of pleasing the faculty, we are surprised rather more than honoured by finding him again asking our opinion. It would be easy enough for us to show that four deaths out of twelve patients, in less than two years, show a result not particularly satisfactory, when we recollect that of the twelve two did not appear to us to be phthisical at all, and that five were apparently affected with tubercle, but only in the first stage, presenting merely correlative symptoms, bronchitis, and pulmonary congestions, and belonging to that class of patients whose life may be prolonged ten, twenty, or thirty years. We may add that the careless way (*peu de rigeur des notes*) in which M. Churchill takes his notes of the stethoscopic signs does not inspire us with perfect confidence in the cures which he announces. But he cannot wish us to make him a second time victim of our partiality and base flattery. All we can do for him, in declining his offer, is to recall to him the offer we made in the conversation above alluded to. 1. To submit fresh patients to the examination of competent physicians. 2. To submit to the test those patients only who are incontestably the subjects of pulmonary consumption."—*Med. Times and Gaz.*, Feb. 25, 1860.

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Medical Service of the Russian Navy.—In consequence of a recent decision of the Emperor of Russia, the principal medical officers of the navy of that country will be sent abroad for two years, during which time they will be required to visit not only the most celebrated hospitals and *cliniques* in Europe, but also foreign ports, especially those of France, England, and the Low Countries, for the purpose of thoroughly studying the hygienic and medical organizations of European fleets, the lodging and diet of men in barracks and on board ship, the influence of climate and locality on disease, the organization of naval hospitals and lazarettos, and other matters of importance. —*British Medical Journal*, Feb. 4, 1860.

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Consequences of Cystitis.—A surgeon afflicted with cystitis, travelling by train from Gloucester, ran to the further end of the platform, and relieved the bladder near a paling, but in sight, it appeared, of one of the last carriages. The husband of a lady in the carriage caused him to be arrested on a charge of indecency; he was acquitted after detention in jail for three days, being remanded through the non-appearance of the prosecutor. He has since brought an action in the Queen's Bench against his

prosecutor for damages for false imprisonment, and obtained a verdict for £100.—*Lancet*, March 3, 1860.

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Medical Students in Paris.—The number of inscriptions taken at the Faculty of Medicine of Paris, at the commencement of the present scholastic year, was 988; namely, 922 for the degree of Doctor of Medicine, 66 for the grade of Officer of Health. Among these are 304 new inscriptions. In 1858, the total number of inscriptions was 1065; the number of new ones, 251. Last year, 34 foreign students were inscribed in the separate register; this year their number is 48.

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Smallpox in Scotland.—The Registrar-General informs us that, during the fourth quarter of 1859, a virulent epidemic of smallpox has prevailed, and is still spreading, over many parts of Scotland, and carrying off numerous victims; and he adds: "Of late years there can be no doubt that epidemics of smallpox have been becoming both more frequent and more virulent. So late as 1856, smallpox appeared as an epidemic in several localities in Scotland, and found so many victims unprotected by vaccination, that, in the town of Dundee alone, the deaths from that disease, during the year, constituted no less than 9.3 per cent. of the mortality; while in some other places nearly a third of the deaths were caused by it."—*Med. Times and Gaz.*, March 10, 1860.

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Illegitimacy in Scotland.—This, it appears, increases gradually as we proceed northwards; and further, the proportion of illegitimate births in the country districts is considerably higher than in the town districts. In the 125 town districts 1166 of the births were illegitimate, while in the country districts they numbered 1195; giving the proportion of only 8 per cent. of the births as illegitimate in the town districts, against 10.3 per cent. in the country districts.—*Med. Times and Gaz.*, March 10, 1860.

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Influence of Carbonic Acid on Cicatrization.—Drs. Demarquay and Laconte have recently ascertained that if a wound or sore be kept for a sufficient length of time in an atmosphere of carbonic acid, it will heal much more rapidly than in common air; oxygen, on the contrary, will retard the process of cicatrization.—*Ibid.*

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Holopathy.—A distinguished physician of Paris, M. Marshal de Calvi, is now lecturing on a new medical doctrine, to which he has given the name of holopathy (ὁλος, *entire*; παθος, *disease*). M. Marshal considers that diseases, as they come before the medical practitioner, are only phases or episodes of a general affection of the organism, which affection or diathesis produces the episodes when circumstances favour their appearance. The lectures are creating some sensation in the French capital.—*Lancet*, March 10.

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Dr. Livingstone.—News has been received of this gentleman and his party down to December 12th, when they were at the mouth of the Kongoue. The party had all suffered from fever, but were completely recovering and in good spirits.—*Ibid.*

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Miss Nightingale.—This lady's health, which has for some time caused much uneasiness to her friends, we regret to learn, from the recent journals, continues to decline.

American Medical Literature Abroad.—The unusual activity of the medical press of this country within the past year, is attracting to our literature a much larger share of attention abroad than it formerly commanded. In looking over our recent files of English Journals, we observe that Dr. Simpson (whose lectures we are republishing in this periodical), in a recent clinic on Ovariotomy, alludes to the late work of Professor Gross, of this city, as the "most complete work on Systematic Surgery in the English language." The elaborate treatise on "Therapeutics" by our fellow-townsman, Dr. Stillé, receives a short, but highly complimentary notice in the "London Lancet" of March 10th, and Mr. Parrish's "Practical Pharmacy" is "cordially recommended" by the same periodical, "as admirably suited to the requirements of the practical pharmaceutist." The "Dublin Quarterly," likewise, in a review of Professor Flint's valuable work on the Heart, declares its "most hearty approval of the author's ability, industry, and conscientiousness."